

# FAMILY FRIGHT NIGHT CAMPOUT

Friday, October 28

MacLean Park





# 2016 FAMILY FRIGHT NIGHT CAMPOUT



## **DATE AND LOCATION**

Friday, October 28 – Saturday, October 29, At MacLean Park

## **REGISTRATION & CHECK - IN**

All participants must be pre-registered at The Recreation Center-Lake Jackson by 9 p.m. on October 21, 2016; **Register at the Recreation Center.**

Families will need to register all individuals attending the camp out.

## **REGISTRATION FEES**

\$30.00 for two people (ages 2 and over; includes food, activities)

\$10.00 per each additional person.

Children under 2 will be admitted for free; however, they will not be issued food tickets.

## **METHODS OF PAYMENT**

Visa, Discover, MasterCard, Cash, and Checks accepted

Checks should be made payable to CITY OF LAKE JACKSON

## **CHECK –IN**

Pre-registered campers can start to check in at the MacLean Pavilion starting at 5 p.m.; all events will take place at MacLean Park.

## **CAMP SITE SET-UP & RULES**

Set up will be from 5 - 6 p.m. Friday evening. All tents should be set up and decorated by 6 p.m.

Camping spaces will be on a first come, first serve basis. Please allow a minimum of 10 feet between your tent and your neighbor's tent. Tents may be closer together only if both parties agree. All tents must be a minimum 10 feet from sidewalks. Tents cannot be set up on the soccer fields. All campers should check-in at the Pavilion prior to set up; at this time campers will receive meal tickets and camp site number

## **MEALS & REFRESHMENTS**

Tickets will be issued at check-in for food and refreshments. Each person registered will receive the following:

- **Friday Dinner:** 2 hot dogs, 1 bag of chips, 1 drink, 1 cookie \*Menu subject to change slightly.
- **S'mores:** 2 per person, S'mores supplies will be set out for campers to roast their marshmallows at the camp fire - parental supervision required at all times.
- **Saturday Breakfast:** 1 Danish and 1 Muffin and a drink (at MacLean Pavilion). Campers may bring their own snacks to enjoy. \*Menu subject to change slightly

## **SUPERVISION:**

Parents/Guardians (21 years & older) must provide direct supervision of their children and guests while at the event. Parents are required to be with the children at all times when making S'mores.

## **RESTROOMS:**

Restrooms are available near MacLean Pavilion. Be sure to take a flashlight.

## **TENT TRICK OR TREATING, COSTUME & TENT DECORATION DETAILS**

Campers are encouraged to dress in costumes! We will have a Costume Contest at 6:30 p.m.

1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place awards will be given to the following age groups:

0-3yrs, 4-7yrs, 8-11yrs, 12-17yrs, and 18yrs and older.

At 7 p.m. we will begin Tent-Trick-or-Treating. All youth campers (in costumes preferable, but not mandatory) may go from tent to tent gathering treats supplied by LJPARD.

We encourage that, if possible, each camp site have one person stay at your tent to pass out treats.

We will encourage passing out only one treat per person.

Campers are encouraged to decorate and customize tents with Halloween decorations to create a festive atmosphere for the Trick-or-Treaters! Tent Decorating should be complete by 6 p.m.

The Best Decorated Tent Contest winner will be announced at 8:30 p.m.

## **QUIET/FAMILY TIME**

Quiet time begins at 11:00 p.m. At that time, campers are welcome to pursue family or quiet activities inside their tents (i.e., reading, games, sleeping). Campers are asked to be respectful of their camping neighbors throughout the event. Please remember, tents do not provide much insulation of noise. (No phones, radios, electronic games, etc.)

## **EVENT SCHEDULE**

### **Friday, October 23**

5:00 p.m. – 6:00 p.m. Tent Set Up & Tent Decorating

6:00 p.m. – 6:30 p.m. Dinner Served (Hot dogs)

6:30 p.m. – 7:00 p.m. Costume Contest / Awards

7:00 p.m. – 7:30 p.m. Trick-or-Treating (candy provided by LJPARD)

Starting at 7:00 p.m. Games, S 'More roasting, and tent judging

7:30 p.m. – 8:30 p.m. Haunted House

8:30 p.m. – 8:45 p.m. Announce Tent Winners

9:00 p.m. – 10:45 p.m. Movie: Goosebumps

11:00 p.m. Quiet Time

### **Saturday, October 24**

7:00 a.m. – 8:00 a.m. Breakfast Served (Danish/Muffin & Drink) at MacLean Pavilion

8:00 a.m. Pack Up & Return Home

## **SUGGESTED SUPPLIES/CAMPING CHECK LIST**

<input type="checkbox"/>	Tent	<input type="checkbox"/>	Flahlight / Lantern
<input type="checkbox"/>	Sleeping Bag	<input type="checkbox"/>	Pillow
<input type="checkbox"/>	Blanket	<input type="checkbox"/>	Toiletries
<input type="checkbox"/>	Lawn Chairs	<input type="checkbox"/>	Bug Repellent
<input type="checkbox"/>	Snacks	<input type="checkbox"/>	Decorations
<input type="checkbox"/>	Games to Play in the Tent	<input type="checkbox"/>	Trick or Treat Bag / Bucket

For more information call (979) 297-4533 or email [mdoyle@lakejacksontx.gov](mailto:mdoyle@lakejacksontx.gov)

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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please list everyone who will be attending and any medical information we need to know:**

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

Name: \_\_\_\_\_  
(First and Last Name and Any Pertinent Medical Information)

I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may that may arise out of my child's use of or presence on city property or arising out his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

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Signature (Parent or Guardian if under 18)

Date